DATE RECEIVED BY WATER DEPARTMENT_____

COLDEN WATER DISTRICT #1
REQUEST FOR SERVICE

SERVICE LOCATION/ADDRESS _____

_____NY_____

WATER ACCOUNT: #**A** _ _ _ _

DATE OF REQUEST_____20____

( ) BY PHONE

( ) IN PERSON

SERVICE REQUEST:

( ) PROPERTY TRANSFER/ SCHEDULE FINAL READING _____
DATE

( ) TENANT MOVING OUT/IN SCHEDULE READING _____
DATE

( ) NEW SERVICE INSTALLATION

( ) METER REPAIR/REPLACEMENT

( ) OTHER EXPLAIN:_____

_____

_____

PERSON REQUESTING SERVICE:

( ) PROPERTY OWNER ( ) TENANT ( ) OTHER _____

NAME:_____ PHONE: (H)_____

(C)_____

ADDRESS_____ (W)_____

_____

_____

*SIGNATURE:*_____